

**APPLICATION FOR PROFESSIONAL EMPLOYMENT**  
**Indiana Department of Education**

Date: \_\_\_\_\_

Position for which you are applying: \_\_\_\_\_

**PERSONAL DATA**

Name: \_\_\_\_\_  
Last First Middle Social Security No.

Present \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip County How Long?

Previous Address: \_\_\_\_\_  
Street City State Zip County How Long?

Phone number: \_\_\_\_\_ Business Phone: \_\_\_\_\_

US Military or Naval Service : \_\_\_\_\_ Rank: \_\_\_\_\_ Present Membership in National Guard or Reserves: \_\_\_\_\_

**SCHOOLS ATTENDED**

High School: \_\_\_\_\_ Diploma \_\_\_\_\_ Year: \_\_\_\_\_  
Name City No. of Years

Major Course of Study: \_\_\_\_\_ Minor Course of Study: \_\_\_\_\_

College: \_\_\_\_\_ Degree \_\_\_\_\_ Year \_\_\_\_\_  
Name City No. of Years

Major Course of Study: \_\_\_\_\_ Minor Course of Study: \_\_\_\_\_

Other Specialized Training \_\_\_\_\_ Completion Date: \_\_\_\_\_  
Name City No. of Years

Major Course of Study: \_\_\_\_\_ Minor Course of Study: \_\_\_\_\_

**PRESENT EMPLOYMENT DATA**

Are you presently Employed? \_\_\_\_\_ If so, may we inquire of present employer? \_\_\_\_\_

Name of employer and address: \_\_\_\_\_

Phone: \_\_\_\_\_

Are you currently registered or licensed in any profession in Indiana or any other state? \_\_\_\_\_

If so, give license or registration number: \_\_\_\_\_

**FOR AFFIRMATIVE ACTION PURPOSES ONLY**

It is necessary that we keep a record of the following information on those persons seeking employment with the Indiana Department of Education.

Sex: \_\_\_\_\_ Race or Ethnic Group: \_\_\_\_\_ Referral Source: \_\_\_\_\_

This information will not become a part of your permanent record file, but statistics will be maintained for the Affirmative Action. Thank you for your support in our Affirmative Action efforts.

### **FORMER EMPLOYERS**

Please list below your last four employers, starting with the most recent. You should also attach a current resume.

Date Month and Year	Name and Address of Employer	Position Held	Description	Reason for Leaving
From:				
To:		Supervisor:		
From:				
To:		Supervisor:		
From:				
To:		Supervisor:		
From:				
To:		Supervisor:		

Why do you wish employment with this agency?

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Have you ever been convicted of a misdemeanor or felony? \_\_\_\_\_ If yes, please attach explanation.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return application to**

**Mailing Address:**  
**Indiana Department of Education**  
**Human Resources**  
**Room 229, State House**  
**Indianapolis, IN 46204-2798**

**Office Location:**  
**Indiana Department of Education**  
**151 W. Ohio St.**  
**Indianapolis, IN 46204**  
**Phone: 317-232-0506**  
**Fax: 317-232-0504**

**Policy Notification Statement**

It is the policy of the Indiana Department of Education not to discriminate on the basis of race, color, religion, sex, national origin, age, or disability, in its programs, activities, or employment policies as required by the Indiana Civil Rights Law (I.C. 22-9-1), Title VI and VII (Civil Rights Act of 1964), the Equal Pay Act of 1973, Title IX (Educational Amendments), Section 504 (Rehabilitation Act of 1973), and the Americans with Disabilities Act (42 USCS § 12101, *et. seq.*).

Inquiries regarding compliance by the Department of Education with Title IX and other civil rights laws may be directed to the Human Resources Director, Indiana Department of Education, Room 229, State House, Indianapolis, IN 46204-2798, or by telephone to 317-232-6610, or the Director of the Office for Civil Rights, U.S. Department of Education, 111 North Canal Street, Suite 1053, Chicago, IL 60606-7204 — **Dr. Suellen Reed, State Superintendent of Public Instruction**